Iowa Department of Human Services



Guide to a Results Based Framework

Table of Contents

Overview of a Results Framework

Foo	cusing on Resultsp. 3
>	
	Understanding the Challenge.
	The Shift from Focusing on Services to Focusing on Results.
Im	plications of the Shift to Results-basedp. 4
>	There is an Iowa Basis for Change
	The Governor's Leadership Agenda
	Results and the Proverbial Horse and Water
Ad	vantages of a Results Focus for the Departmentp. 6
\triangleright	A partial List of Advantages of Being Results Focused
	What Does this Change Really Mean?
	Possible Challenges
	Tools to Support a Results Framework
	dule 1 - Seven Steps To Better Results
	Med One Deline Course: Afficulate Keshiis

- Step One. Set the Course: Articulate Results Step Two: Choose Indicators
- Step Three: Choose Performance Measures
- Step Four: Establish the Baseline and Set Targets
- > Step Five: Put Selected Strategies Into Action
- > Step Six: How to Report Results and Performance Data
- Step Seven: Monitor Progress and Make Course Corrections

Module 2 - Sample Results, Indicators, and Measuresp. 14

- .Child welfare, (Safety)
- .Economic Assistance, (Health)
- .Mental Health, (Self-Support)
- .Medical, (Stability)

Focusing on Results

What are results-based human services?

- ➤ What differences have services made in the lives of the people we serve?
- What can the people we serve do now that they couldn't do before?
- ➤ How have the behaviors, knowledge, skills or attitudes of the people we serve changed?
- ➤ Have the lives of the people we serve become better than before receiving our services?

These are fundamental questions about customer results. They are the questions that support a results-oriented approach to program management and decision-making. They are also the questions being asked by policy makers, taxpayers, elected officials, private payers, agency boards, and philanthropic funders who are demanding greater accountability from human services. Doug Nelson, Executive Director of the Anne E. Casey Foundation sums this up best, saying, "Human services need to become accountable for achieving measurable results rather than continuing to focus on technical compliance with rules or on simple demonstration of service need." To those who state that needs and results are too subjective to measure and quantify, payers and funders are now poised to respond, that these services may also be too subjective to pay for. The age of accountability is upon us. We must demonstrate the effectiveness of what we do and the results we achieve for those we serve.

Measuring results seems simple enough. Logically, the idea is quite straightforward. Yet, in practice, paying attention to customer results — focusing on results — is challenging, complex and difficult. This guidebook provides a framework for meeting the challenges of results-oriented management, explores the complexities of a result-based approach to human services, and answers questions that arise from practitioners attempting to implement this approach.

Understanding the challenge

To understand the challenge of shifting to a results orientation based on measuring customer results, it is helpful to look at the services orientation of the past. Accountability has most often centered on how funds were spent (inputs monitoring), eligibility requirements (who gets services), how many people get services, what activities they participate in, and how many complete the program. These indicators of inputs, activities, and outputs (program completion) have monitored whether providers were following rules and regulations. As a result, accountability has tended to focus on compliance with rules rather than achievement of results. Control has been exercised through audits, licensing, and service contracts rather than through measuring customer results. The consequence has been to make providers and practitioners compliance-oriented rather than results-focused. Programs have been rewarded for doing the paperwork well rather than making a difference in customers' lives.

The Department of Human Services Director has stated the need for change:

For too long human services has been preoccupied with rigid program requirements. We must continue to shift our focus to the people we serve and make sure our actions improve lives and not just respond to existing bureaucracy. Results-based approaches are an important tool to accomplish that goal.

The Shift from Focusing on Services to Focusing on Results

Results-based decision making changes how we do our existing work to focus on a result oriented approach. This shift involves fundamental changes in how we think about services and interventions, how programs are managed, how staff interact with persons receiving services, and how providers are held accountable. A comparison of a focus on *providing services* to a *focus on results* can by seen below:

Contrasting Approaches to Service Management

	Bureaucratic Approach		Results-Oriented Approach
1.	Services-based	1.	Results-based
2.	Rules and regulations drive actions—focus is	2.	Desires of persons receiving services drive
	on compliance		actions—focus is on accomplishments
3.	Top-down decision-making	3.	Joint decision-making
4.	Standardized programs	4.	Individualized programs
5.	Provide services in a prescribed way	5.	Do what works: Agree on goals, but have
			flexibility about how to attain them
6.	Management by numbers served	6.	Management by attaining results
7.	Accountability by monitoring	7.	Accountability by reporting actual
			accomplishments
8.	Risk taking discouraged	8.	Incentives to take risks
9.	Perceived as self-serving	9.	Perceived as serving persons receiving services

.

Implications of the Shift to Being Results-based

The process of identifying measurable results shifts how decisions are made, how customers are involved, and how programs are administered. *These shifts are about moving all of the DHS system to become oriented to attaining results*.

For this shift to occur, staff must engage actively in identifying results, measuring results and utilizing the results in decision-making. The point is not only to place goals and indicators on paper, but also to use results to improve programs, make management decisions, impact customers, and report results to public stakeholders.

Fostering results-based thinking involves leadership from the start and on an ongoing basis. We must move from "administering" programs to "leading" programs. Robert D. Behn, Director of the Governors Center at Duke University notes that the red tape imposed on agencies by the federal government in the past has been designed to produce results "the federal government's way." But:

"...the kinds of skills needed to cope with red tape are quite different from the skills needed to produce results.... To "administer" a federal program is to fill out the forms correctly. The federal government rarely asks a state or local agency what it has accomplished. The fed's just want to know that the procedures — all the procedures — are properly followed. So, to ensure that they can comply with all the federal red tape, agencies recruit and train people who know precisely how to fill out forms.

To "lead" a public program, however, means to produce results. Those who are good at coping with red tape may not be at all suited for the task of producing results. Managing for performance requires leaders. That means recruiting and training managers who know how to create systems, build coalitions, motivate workers, and monitor performance for effectiveness."

There is an Iowa Imperative for Change.

Our focus on achieving results for Iowans changes the expectations of employees, stakeholders, and customers. This is reflected in the Iowa Accountable Government Act of 2001 (AGA), the Governor's Leadership Agenda and the Agency's Strategic Plan. It is no longer sufficient to merely have results-based "goals". It is also necessary to measure the impact we have on the lives of customers and to know where we are on the path to achieving results. We do this by setting performance goals, performance indicators, performance measures and performance targets and then managing and leading based on the data.

The Governor's Leadership Agenda sets targets for achieving results across all of state government. The Department's planning process helps the agency project itself into the future by laying out essential goals, courses of action, and measures to ensure that we remain focused on achieving results for all services and programs.

Results and the Proverbial Horse and Water

You can lead a horse to water, but you can't make it drink.

This familiar adage illustrates the challenge of committing to results. The desired result in this case is that the horse drinks the water. The longer-term results are that the horse stay healthy and work effectively. But, because we can't make the horse drink the water, we focus on the things we can control: leading the horse to water, making sure the tank is full of water, monitoring the quality of the water, and keeping the horse within drinking distance of the water. In short, we focus on the processes of water delivery rather than the outcome of water drunk by the horse. We can control the processes. We can't control the result. Consequently, government regulations get written specifying exactly how to lead a horse to water. Funding is based on the number of horses led to water. Licenses are issued to individuals and programs that meet the qualifications for leading horses to water. Quality awards are made for improving the path to the water — and keeping the horse happy along the way. Whether the horse drinks the water sometimes gets lost in all this flurry of lead-to-water-ship. Results-oriented management will work to change that.

Persons can't be forced to change so we focus on the things that we can control. We want persons with disabilities to have a job in the community. We certify agencies to provide employment services and tell them what regulations they have to follow. The provider is paid according to how many persons they serve and the supports they put in place. Whether the person gets and maintains a job with a salary that allows them to be more independent has not historically been measured.

Advantages of a Results Focus

There are many advantages to be gained by focusing on and achieving measurable results, this will require many changes - changes in how we work, manage and plan in all areas of the department. The concept sounds so simple, yet it is very complex to carry out.

A Partial List of Advantages of Being Results Focused

- Reflects and communicates the Agency's mission;
- Provides a clear direction for all staff, stakeholders and partners;
- Helps staff track our journey to achieving results through use of performance indicators and measures
- Establishes accountability;
- Provides the opportunity to recognize and celebrate success internally and externally; and
- Supports the benefit or value of the services provided to managers, stakeholders, community partners, policy makers and funders.

What Does This Change Really Mean?

"Would you tell me, please, which way I ought to go from here? That depends a good deal on where you want to get to, said the cat." Lewis Carroll

Being results focused helps us address the questions and issues surrounding where we are, where we need or want to get to, and how to get there. Being results-focused can help both Alice and the Cheshire Cat.

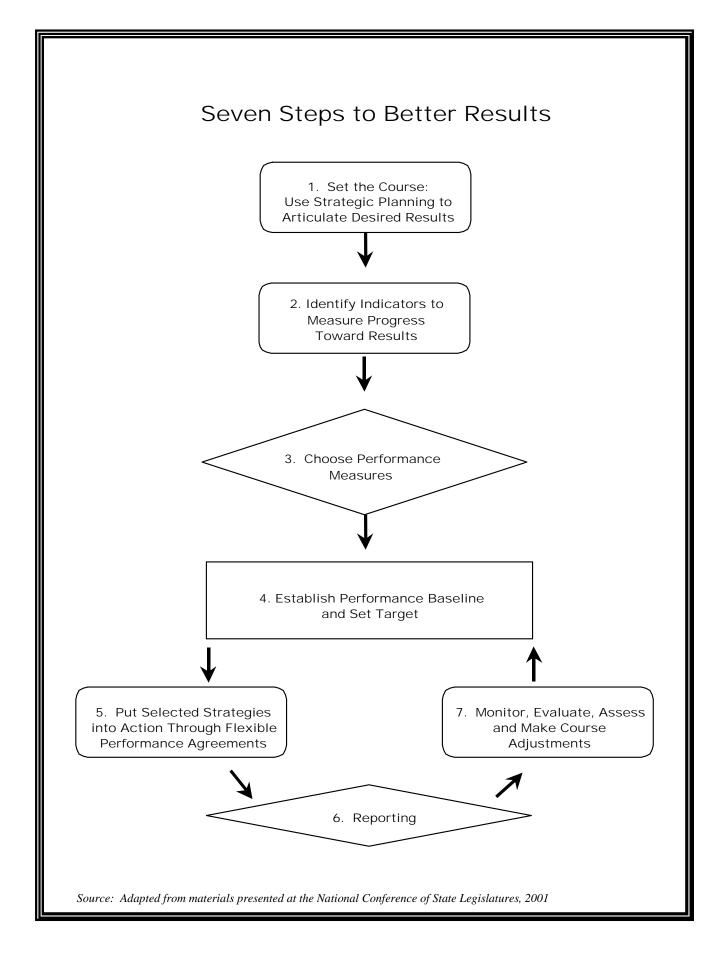
Historically, DHS and most government agencies have focused on providing some specific services to eligible population groups based on established criteria. The primary focus has been on program compliance, program requirements, and overall program processes. By shifting to a results focus we move from a focus on *processes and compliance in managing programs to results*. A comparison of these two approaches can be seen in the table below entitled "changing the focus."

Changing the Focus: A Comparison

	Service-focused	Result-focused				
1.	Provide coordinated health services to	1.	Pregnant adolescents will care for themselves			
	pregnant adolescents.		appropriately and give birth to healthy babies.			
2.	Improve the quality of child protection	2.	Children will not be abused or neglected.			
	intervention services.					
3.	Improve the independence of adults with	3.	Adults with developmental disabilities participate in			
	disabilities.		a self-advocacy group meeting, conference, or event.			
4.	Improve the quality of life of the elderly.	4.	Elderly who are able and want to remain in their			
			home can.			

Possible Challenges

One key to moving forward is felt to be using a result-focused development process that involves key people working together. This creates a shared commitment to identify and actually use results and make the approach pay off. The collaborative process for identifying results is aimed at dealing openly and honestly to design workable and useful outcome-based approaches. Materials developed by the National Conference of State Legislators have been adapted for the Department's result-focused development process (see module 1).



Step One. Set the course: Articulate Desired Results

Results... are what we want for our children, families and communities expressed in broad statements. *Results* should tie back to our mission as an agency. Result statements are very broad, easy to understand, not subject to change and very often require activities, services or products beyond the scope of a bureau, division or even an agency itself. Results are conditions like "healthy children", "safe neighborhoods", "safe children", "self-sufficient families, and "children ready for school". For instance, the result "children will be safe from harm" requires a comprehensive approach that involves families, neighborhoods, communities, law enforcement agencies, schools, the judiciary and DHS to achieve

Each result we identify should be "linked" to one of the department's four state level **result** areas:

- \Rightarrow Safety,
- ⇒ Health,
- ⇒ Self-Sufficiency, and
- \Rightarrow Stability.

To get started on our way to establishing desired results, we need to ask and answer both the Cheshire Cat and Alice's questions, but revised a bit...

What are the *results* of our investments in the lives of Iowans? Have we made a difference in the lives of those we serve? Has their status or life situation changed? Have behaviors, knowledge, skills or attitudes changed for the better? Are our children safe and how do we know? What is the health and dental status of our children? What does it mean and how do you know if someone is self-sufficient? What is stability for a child or a family we serve?

Result: the effect desired for Iowans, expressed as broad statements.

Department of Management, AGA Glossary

Goal... a *Goal* statement should be linked to each *result*. The *goal* statement adds direction to the *desired result* which will link to specific and measurable performance measures as you proceed through the seven steps. Using the desired result of **safe children**; the goal may be to **reduce the incidence of child abuse.** This goal communicates direction and will "link" to the performance indicators and performance measures discussed below.

Goal: broad measurable statements of intent that set future direction and require coordinated action. *Department of Management, AGA Glossary*

Step Two. Choose Indicators to Measure Progress.

Indicator... a measure for which data are available which helps quantify the achievement of a result. Usually there is not a single data element which captures outcomes such as "healthy births" or "safe communities", or "safe children". It is, however, possible to identify indicators and measures which, when taken together, give us an approximation of whether we are achieving an outcome. **Indicators** truly only "indicate" what might be, they are not the only answer. Without meaningful data to measure achievement, results are little more than rhetoric and good intentions.

To help identify *indicators*, ask questions... be the Cheshire Cat:

- What do we want to show... do the measures reveal if we are achieving results?
- Do the selected indicators measure ends rather than means?
- Are the selected indicators meaningful and will most people understand them?
- Are quality data available on a timely and consistent basis?

For selecting and writing indicators consider the following:

- Is the indicator **important** and does it concentrate on a significant piece of data that provides information of value to the agency, decision-makers and to the public?
- Does the indicator provide direction... focus on words such as increase, decrease, improve or maintain?
- Is the indicator relevant... focusing on results to be achieved and accountability?
- Are the data understandable... is it easy to understand, use and report?
- Is the indicator specific and focused on one issue?
- Are the indicator data feasible to collect and cost effective the value of the data is sufficient to justify the cost to produce. Note: during the selection process unnecessary reports or data can be identified and subsequently eliminated leaving room for targeted result indicators?
- Is the data **comparable** and calculated in a way that allows comparison?
- Is the indicator data reliable in the method of calculation and is it consistent over time?
- Can the indicator data be provided on a **timely** basis so that it is available to users before it loses its capacity to be useful in making decisions.
- Is the indicator data **valid** and representative?

Indicator: A measure that quantifies the achievement of a result at the enterprise level.

Department of Management, AGA Glossary

Step Three. Choose Performance Measures

Performance Measure... is a measure of the effectiveness of a program, service, activity, or agency. *Performance measures* provide information on how well a particular service, product or program is working or not working. Performance measures provide a yardstick on how well we are progressing toward achievement of results. This includes such information as rates of timely assessment of child abuse; the number of adults with DD who have had a physical exam within the past year and the data we need to manage our programs and services well; the number of visits of children to the emergency ward in the last year; or the number of alternatives to nursing care developed in the last year.

There are five types of *performance measures*.

Performance Measure: a number of mathematical expression that documents input, output, efficiency, quality or outcome.

Input Measure: the amount of resources invested, used or spent for services.

Output Measure: the number of services, products, or activities provided

Efficiency Measure: the unit cost or level of productivity associated with a given service **Quality Measure**: the mathematical expression of how well the service was delivered, based on characteristics important to customers.

Outcome Measure: the mathematical expression of the effect on customers that reflect the purpose

Source: Department of Management, AGA Glossary

Step Four. Establish Baselines and Set Targets

Baseline... is a pattern of performance that has been achieved in the past. This historical data is used to identify, project and compare future performance. Success is defined by many as "beating" the *baseline*. *Baselines* recognize that sometimes the most that can be expected, in the short run, is to slow the rate at which problems get worse. *Baselines* take time to create and explain, but they do a good job of capturing the complexity of social problems and are usually fair references against which to measure success.

Ouestions to ask:

- What does each measure tell us about how we are doing? Are things getting better or worse?
- What are the trends? Where are we headed?
- What is the story behind the baseline? What are the causes and forces at work?

Baselines can be compared to national trends and to other states or between counties or service areas.

Baselines help policymakers and citizen's look ahead (make projections) for a general sense of conditions in one, five or ten years if the status quo is maintained.

Examining and comparing baselines is especially helpful in identifying needs gaps and priorities.

Baselines can be used to rally support for doing better. *Baselines* provide powerful tools for helping an agency, constituents, interest groups, legislative leaders, and the governor identify common concerns, needs, and priorities.

Lessons learned:

- Data are a tool, not an end in themselves. Effective use of data is a welcome change. However, it is important to keep in mind that the goal is not to just collect and analyze data; the goal is to improve the conditions of consumers.
- To encourage effective development and use of baselines, avoid making excuses or assigning blame for past and present conditions and help stakeholders do the same. Focus on expanding stakeholders' sense of ownership and learning to do better.

Set Performance Targets and Explore Strategies for Change

A Performance Target... is the desired level of performance for an activity, service or product compared to the baseline.

Performance Targets are based on:

- Past performance compare to ourselves (Do better than our own history)
- Performance of other organizations (if you can confirm it and it will be similar data)
- Industry norms or benchmarks (when there is a known level of good performance)
- Research-based (best practice norms or benchmarks)

Performance Targets are influenced by:

- Policy priorities
- Changing social and/or economic conditions
- Service demands, and
- Resources.

The search for strategies that might work to improve performance results is not a quest for the ideal program or a quick fix to a discreet problem. It is more like a brainstorming process that encourages creative approaches. Setting specific *performance targets* helps ensure that the strategies considered contribute to desired results.

When setting a target for performance, it is important to consider what the trend is, and set a target that begins to "bend the curve" or change the result that would be expected if new strategies are not put in place to change performance. Examples of factors that influence performance trends include: changes in legal definition, federal and state policies, economic considerations and shifting demographics.

Step Five. Put Selected Strategies Into Action

As specific plans are formulated and implemented, staff help ensure that new types of partnerships are negotiated and that good intentions do not revert to business-as-usual. Tools must be developed to help make better policy and spending decisions and to ensure that focusing on results becomes the norm.

Questions to Ask:

- Which strategies will we implement to achieve the conditions we want for consumers?
- What specific steps will be taken? When? By whom?
- What tools will we use to promote results?

Establish a few clear criteria for results plans.

- What partners should be included in the plan's development?
- Is the plan is feasible?
- Do strategies build on existing strengths and opportunities?
- Is the plan is affordable?
- Is the plan dependent upon obtaining new funding?

Encourage development of new types of state-local partnerships.

- Develop action plans collaboratively.
- Encourage stakeholders to negotiate their roles and relationships and provide a neutral mediator if necessary.
- Change from enforcing regulations to promoting and facilitating results.

Start where the opportunities are. Choose an area where:

- Results are weak, motivation for improvement is strong and progress is likely.
- Leaders necessary to accomplish the plan are skilled and committed.
- Stakeholders agree on effective strategies.

Step Six. How to report results and performance data

Different forms of reporting such as tables, graphs, and charts should be used to make the data come alive, and to be informative and understandable. Explanations of underlying factors and existing conditions that may effect the performance is important in helping the reader understand the "story behind the numbers".

Questions to ask:

- If you had to tell the story with only one measure, in lay terms, what would it be?
- What is the story behind the data to be told?
- Who is the audience and what do they want or need to know?
- What is being done to influence the data? (Strategies, initiatives)

Step Seven. Monitor Progress and Make Course Corrections.

Results-based decision making is **not a one-time activity**. It is an ongoing process of improvement.

Questions to ask:

- What progress are we making toward the results we want?
- Have we achieved performance targets?
- How do we need to modify our strategies and plans?

What can we do?

- Routinely examine indicators to identify changes.
- Analyze progress or lack of progress.
- Examine performance of key programs, agencies and customer groups. Performance measures are used primarily as a management tool to ensure that programs and agencies are well run. However, when results are lower than expected, they may provide useful information regarding program activities that influence progress.
- Build data capacity one step at a time. As data are used to help make results-focused decisions, gaps in available or meaningful information often become obvious.
- Revise plans and strategies as needed.

Failure to meet targets may signal any number of possible causes, such as:

- Expectations are too high,
- Resource levels are too low,
- Strategies have not been implemented as planned, or
- Unexpected forces are at work.

For assistance with data and data analysis:

Dave Engels	All program areas; survey design and application
Tammi Christ	Child Welfare, Child Care, Children's services
Jan Conrad	FIP, FS, Medical, Promise Jobs (IWD)
Judy Darr	Standard Statistical Reports covering most program areas
Walt Hoshaw	All areas
Jeff Terrell	Child Welfare, Federal Outcomes
Bill Gardam	All Areas

lowa Department of Human Services <u>Example #1</u>

Result Area: Safety

Result: Children are safe from abuse

Goal: Reduce the incidence of child abuse

Indicator 1: Rate of confirmed child abuse reports per 1,000 children age 0 to 17

Performance Measure 1: The percent of children with confirmed abuse who are victims of subsequent confirmed abuse within six months.

Baseline Performance 1: In FY 01, 11% of child victims of a confirmed abuse were re-abused within 6 months. The current trend is projected to be over 12% by 2003.

Year	1998	1999	2000	2001	2002	2003
Percent	9.2	8.4	10.5	11	11.5*	12.2*
ReAbused						

^{*} Linear projection of baseline $(R^2 = .662)$

Performance Target 1: Less than 10% of Iowa children who are victims of abuse will be reabused within six months by.

Discussion 1: Most child abuse is due to neglect and/or denial of critical care by the parent, and is not physical or sexual abuse. Many families are under pressures of work or other economic pressures that adversely impact their ability to adequately supervise children, especially young children. The likelihood of child abuse may increase in tougher economic times. To decrease child abuse families need adequate supports such as childcare, adequate income for food shelter and clothing, and a good understanding of child development.

Strategy 1 (**Bending the curve**): All reports of abuse are not only investigating the abuse, but assessing the needs of the child and family provide supports to reduce risk of abuse. DHS will standardize assessment of child and family needs to improve through utilization review the safety of child attained by employing the right service at the right time focused on the right issues.

lowa Department of Human Services Example #2

Result Area: Health

Result: Children have proper dental care

Goal: More children will receive regular dental care

Indicator: Rate of children who have been to the dentist

Performance Measure: Percent of children receiving hawk-I who have not seen a dentist

Baseline Performance: In January 02, 13% of children receiving *hawk-i* have never been to the dentist.

Year	1999	2000	2001	2002	2003	2004
Children who have	21%	19%	18%	13%	12.%*	9%*
never been to the						
dentist						

^{*} Linear projection of baseline ($R^2 = .899$)

Performance Target: Less than 8% of *hawk-i* children will not have received dental care.

Discussion: Regular dental care is an important part of a child's overall health. A child who receives regular and preventive dental care is less likely to have dental problems as an adult. Having dental insurance available to children improves the likelihood a child will receive regular dental care.

Strategy (Bending the curve): Receiving *hawk-i* has increased the number of children receiving dental care. A single enrollment campaign has increased monthly enrollment, and the effect (increased monthly enrollment) is expected to continue up to 12 months based on the experience of other states. Eventually, without additional outreach, monthly enrollment will decline and children will have less access to dental care.

Iowa Department of Human Services Example #3

Result Area: Self-sufficiency

Result: Adults with developmental disability (DD) make informed choices

about important life decisions in their life.

Goal: Adults with a developmental disability will be able to take more

control of important decisions in their life with good information.

Indicator: Rate of adults with DD who have participated in a self-advocacy

group meeting, conference or event in the last year.

Performance Measure 1: Percent of adults in the Core Indicator Project participating in self-advocacy group meeting, conference, or event in the last year.

Baseline Performance 1: In June 2000, 30% of adults interviewed as part of the Core Indicator Project (CIP) reported participating in a self-advocacy group meeting, conference, or event in the last year.

Year	2000	2001	2001	2002	2003	2004
Adults with DD who	30%	31%	33%	35%	37%*	39%*
have not attended						

^{*} Linear projection of baseline ($R^2 = .979$)

Performance Target 1: At least 40% of adults with DD interviewed in the CIP project will participate in a self-advocacy group meeting, conference, or event per year.

Discussion 1: Adults with DD are expected to make informed decisions on goals that are important in their lives. When they do not know what some of those choices might be they fall back on things familiar to them such as sheltered workshops. Attending conferences or self - advocacy groups helps them understand and make informed choices when doing their annual plan.

Strategy 1 (Bending the curve): Opportunities to attend advocacy groups, conferences or events will be publicized in DHS offices, sheltered work centers, and through AMI events.

Iowa Department of Human Services

Example #4

Result Area: Stability

Result: Older adults who want to remain in their own home will be able to

remain in their home.

Goal: More adults are maintained in their own home or community who

would otherwise require care in a Medicaid institution.

Indicator: The number of adults applying for HCBS elderly waiver services.

Performance Measure: The average annual enrollment in elderly waiver services.

Baseline Performance: Enrollment in waiver services has increased annually from 1999 through 2002, and the trend projects continued increases.

Year	1999	2000	2001	2002	2003	2004
Adults in	4175	4929	5396	5800	6400*	7000*
elderly waiver						

^{*} Linear projection of baseline $(R^2 = .977)$

Performance Target: The number of elderly adults on the waiver will exceed 7200.

Discussion: Most elderly adults would prefer to stay in their own home instead of going to a nursing home. The elderly waiver gives the supports older Iowans need to allow them to do so with such services as respite, home health care and nursing care. This assists older Iowans to stay in their home and maintain their quality of life.

Strategy (Bending the curve): Recruitment for the waiver will continue to increase waiver enrollment targeting the elderly currently in or at risk of nursing level care to improve quality of life and reduce state costs by avoiding higher levels of care.